

ATTACHMENT 6

PROCEDURES REQUIRING PRIOR AUTHORIZATION

Free standing ambulatory surgical center providers are advised that the Wisconsin Medical Assistance Program requires prior authorization for certain surgical procedures. The physician performing the surgery is responsible for obtaining and following all requirements of prior authorization. Procedures requiring prior authorization include but are not limited to the following services:

1. All covered physician services if provided out-of-state under non-emergency circumstances by a provider who does not have border status.
2. All medical, surgical, or psychiatric services aimed specifically at weight control or reduction, and procedures to reverse such services.
3. Surgical or other medical procedure of questionable medical necessity but deemed advisable in order to correct conditions that may reasonably be assumed to significantly interfere with a recipient's personal or social adjustment or employability.
4. Ligation of internal mammary arteries, unilateral or bilateral.
5. Omentopexy for establishing collateral circulation in portal obstruction.
6. Kidney decapsulation, unilateral and bilateral.
7. Perirenal insufflation.
8. Nephropexy: fixation or suspension of kidney (independent procedure), unilateral.
9. Circumcision, female.
10. Hysterotomy, non-obstetrical, vaginal.
11. Supracervical hysterectomy - subtotal hysterectomy with or without tubes and/or ovaries, one or both.
12. Hypogastric or presacral neurectomy (independent procedure).

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13. Uterine suspension, with or without presacral sympathectomy.
14. Ligation of thyroid arteries (independent procedure).
15. Fascia lata by stripper when used as treatment for lower back pain.
16. Fascia lata by incision and area exposure, with removal of sheet, when used as treatment for lower back pain.
17. Ligation of femoral vein, unilateral and bilateral, when used as treatment for postpnebitic syndrome.
18. Excision of carotid body tumor without excision of carotid artery, with excision of carotid artery, when used as treatment for asthma.
19. Sympathectomy, thoracolumbar or lumbar, unilateral or bilateral, when used as treatment for hypertension.
20. Splanchnicectomy, unilateral or bilateral, when used as treatment for hypertension.
21. Bronchoscopy -- with injection of contrast medium for bronchography or -- with injection of radioactive substance.
22. Basal metabolic rate (BMR).
23. Protein bound iodine (PBI).
24. Ballistocardiogram.
25. Icterus index.
26. Phonocardiogram with interpretation and report, and with indirect carotid artery tracings or similar study.
27. Angiocardiography, utilizing CO₂ method, supervision and interpretation only.
28. Angiocardiography -- single plane, supervision and interpretation in conjunction with cineradiography or -- multi-plane, supervision and interpretation in conjunction with cineradiography.

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29. Angiography -- coronary, unilateral selective injection supervision and interpretation only, single view unless emergency.
30. Angiography -- extremity, unilateral, supervision and interpretation only, single view unless emergency.
31. Construction of artificial vagina.
32. Fabric wrapping of abdominal aneurysm.
33. Reversal of tubal ligation or tubal anastomosis.
34. Reversal of vasectomy.
35. Sterilizations, all.
36. Repair (tarso) levator.
37. Penile prosthesis.
38. Bone marrow transplant.
39. Tattoo removal.
40. Mammoplasty, reduction or repositioning; one-stage-bilateral.
41. Mammoplasty, reduction or repositioning; two-stage-bilateral.
42. Mammoplasty augmentation; unilateral and bilateral.
43. Rhinoplasty, primary.
44. Rhinoplasty, complete.
45. Rhinoplasty, including major septal repair.
46. Cingulotomy.
47. Dermabrasion.
48. Heart transplant.
49. Lipectomy.
50. Mandibular osteotomy.
51. Pancreas transplant.

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- 52. Excision/surgical planning for rhinophyma.
- 53. Rhytidectomy.
- 54. Repair blepharoptosis, lid retraction.
- 55. Transsexual surgery.
- 56. Any other procedure not identified in the Physician's Current Procedural Terminology fourth edition (CPT-4) published by the American Medical Association.